

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>100000000000</i>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51			
2			1				52			
3			1				53			
4			1				54			
5			1				55			
6			1				56			
7			1				57			
8			1				58			
9			1				59			
10			1				60			
11			1				61			
12			1				62			
13			1				63			
14			1				64			
15			1				65			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			14				TOTAL DEP.			
TOTAL CLAIMS			15				TOTAL CLAIMS			